



# Team Member Benefit Guide

2021



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## Cedar Community's Benefits

Each year, we carefully review our benefit plans to ensure we're able to not only control costs, but also keep in mind the needs of our team members. Carefully review the benefits available to you and be sure to ask Human Resources if you have any questions.

The overviews in this document are intended to provide highlights of the plans listed. Please see the Summary of Benefits and Coverage documents for an overview of your plan coverages.

If there is a discrepancy between this document and a plan document, the plan document will govern.

Please review the Federally Mandated Notices document that is included with this booklet. If you have questions on this, please contact Human Resources.

## Eligibility

You are eligible for our benefits as soon as you have completed the new hire waiting period, first of the month following 30 days employment.

COVERAGE	WAITING PERIOD
Medical/Dental/Vision	First of the month following 30 days
HSA/FSA	First of the month following 30 days
Life, Short-term Disability, Long-term Disability, Accident, Critical Illness	First of the month following 30 days

Some benefits may require evidence of insurability. Please see the summaries for additional details.

Your dependents are eligible once you are eligible for benefits. Dependents are defined as:

- Your lawful spouse.
- Any child or stepchild of yours who is less than 26 years old.
- Any child 26 years old or older, unmarried, primarily supported by you, and incapable of self-sustaining employment by reason of mental or physical handicap.

## How to Enroll

1. Discuss with your dependents which elections are best for you (review last year's health expenditures and discuss whether your situation might change in the new year).
2. Make your enrollment elections in Orbit.
3. Submit documentation supporting the eligibility of newly elected coverage or any applicable health questionnaires.

# Changes to Your Elections after Open Enrollment

Following open enrollment, you may only make changes due to **qualified life events**. Your election (including waived coverage) generally lasts for the plan year, which is January 1 through December 31. To make changes due to a life event, contact Human Resources. **It is your responsibility to make changes within 30 days of the event.**

**You may be able to make changes to your coverage mid-year for one of the following reasons:**

- Marriage
- Birth, adoption, placement for adoption
- Divorce, legal separation, or annulment
- Death of a spouse or child
- Gain/Loss of other coverage
- Change in employment status for you or your spouse
- Gain/Loss of Medicare/Medicaid or State Children’s Health
- Insurance Program (CHIP)
- Childcare judgment or order
- Child ceases to satisfy eligibility requirements

## Insurance Company Contact Information

Plan Type	Insurance Company	Phone	Website
Medical	UMR	(866) 881-0800	<a href="http://www.umar.com">www.umar.com</a>
Dental	Delta Dental	(800) 236-3712	<a href="http://www.deltadentalwi.com">www.deltadentalwi.com</a>
Vision	Delta Vision	(844) 848-7090	<a href="http://www.deltavision/s/vision-benefits">www.deltavision/s/vision-benefits</a>
Life, LTD, STD, Accident/Critical Illness	Sun Life	(800) 247-6875	<a href="http://www.sunlife.com.us">www.sunlife.com.us</a>
EAP	Aurora	(800) 236-3231	<a href="http://www.aah.org/eap">www.aah.org/eap</a>

For general information, please contact Human Resources.

# Important Medical Terminology to Know

Please note the purpose of this glossary is to help explain the terms you will see on the following pages in the hopes you will better understand your plan.

**Deductible** - Amount of money you must pay for covered health care services before your health insurance kicks in. The important thing to note is that deductibles don't necessarily apply to all medical services and your medical premiums do not apply toward your deductible.

**Copay** - Co-pays are a fixed dollar amount that you are responsible for paying for specific services. Depending on your plan, these may apply either before or after your deductible has been met. Please see your plan document for specifics.

## Types of Deductibles

- Embedded – means that no one person on a family plan will pay more than the single deductible in order for post deductible benefits to kick in.
- Aggregate – means that the full family deductible must be met in order for post deductible benefits to kick in.

**Coinsurance** – the percentage of covered health care services that you pay after you've paid your deductible.

**Out-of-Pocket Maximum** – the most you will pay in a plan year for covered services prior to all health care expenses being covered at 100%.

## Network Types

- In – Network – providers or health care facilities that are part of a health plan's network of providers with which it has negotiated a discount.
- Out-of-Network – providers or health care facilities that are considered nonparticipants of your medical insurance meaning they have not negotiated discount rates for services. The providers can bill you for the difference between their fee and what your plan pays.

## Types of Care





- Preventive – care you receive to prevent illness and/or diseases (annual physical, Pap smear, colonoscopy, mammogram or a Well-Baby checkup).
- Diagnostic – care you receive for symptoms or health issues.
- Routine – care you receive for diagnosed conditions (diabetes, high blood pressure, etc.).

**Prescription Drug Formulary** – Each carrier has a list of covered prescription drugs. Please see carrier website for more information.

## Types of Drugs





- Generic – a prescription drug that has the same active-ingredient formula as a brand-name drug.
- Brand – a drug sold by a drug company under a specific name or trademark that is protected by a patent.
- Specialty – a high-cost drug used to treat complex or rare chronic conditions.

# Medical Plan 1

<b>UMR</b>		
PPO Plan 1 Traditional Co-pay Plan		
<b>PROVIDER NETWORKS</b>		
Find your Provider at <a href="http://www.umar.com">www.umar.com</a>		
<b>DEDUCTIBLE</b>	<b>In Network</b>	<b>Out of Network</b>
Single	\$4,000	\$8,000
Family	\$8,000	\$16,000
Type	Embedded	
<b>COINSURANCE</b>		
	20%	40%
<b>OUT OF POCKET MAX</b>		
Single	\$6,650	\$13,300
Family	\$13,300	\$26,600
<b>SERVICES</b>		
Preventive 	Covered 100%	Deductible then 40%
Teladoc 	\$45 Copay	--
Sensia Wellness Clinic	Services at No Cost	--
Primary Care Office Visit	Deductible then 20%	Deductible then 40%
Specialist Office Visit	Deductible then 20%	Deductible then 40%
Urgent Care	Deductible then 20%	Deductible then 40%
Emergency Room	Deductible then 20%	
Diagnostic	Deductible then 20%	Deductible then 40%
CT/PET/MRI	Deductible then 20%	Deductible then 40%
Outpatient Surgery 	Deductible then 20%	Deductible then 40%
In Patient Hospital Stay	Deductible then 20%	Deductible then 40%
<b>RETAIL PHARMACY</b>		
Tier 1 & 2 	40% of cost (\$15 min; \$95max)	Deductible then 40%
Tier 3	40% of cost (\$45 min; \$125 max)	Deductible then 40%
Specialty	Refer to PaydHealth guidelines	Refer to PaydHealth guidelines
<b>MAIL ORDER PHARMACY</b>		
Tier 1, 2, & 3	2X cost of 30-day supply	2X cost of 30-day supply
Specialty	Specialty limited to 30-day supply	Specialty limited to 30-day supply

Tobacco Cessation 

## Medical Plan 2

<b>UMR</b>		
HSA Plan 2 HDHP HSA Plan		
<b>PROVIDER NETWORKS</b>		
Find your provider at <a href="http://www.umar.com">www.umar.com</a>		
<b>DEDUCTIBLE</b>	<b>In Network</b>	<b>Out of Network</b>
Single	\$4,000	\$8,000
Family	\$8,000	\$16,000
Type	Embedded	
<b>COINSURANCE</b>		
	20%	40%
<b>OUT OF POCKET MAX</b>		
Single	\$6,650	\$13,300
Family	\$13,300	\$26,600
<b>SERVICES</b>		
Preventive 	Covered 100%	Deductible then 40%
Teladoc 	Deductible then 20%	--
Sensia Wellness Clinic	Services at No Cost	--
Primary Care Office Visit	Deductible then 20%	Deductible then 40%
Specialist Office Visit	Deductible then 20%	Deductible then 40%
Urgent Care	Deductible then 20%	Deductible then 40%
Emergency Room	Deductible then 20%	
Diagnostic	Deductible then 20%	Deductible then 40%
CT/PET/MRI	Deductible then 20%	Deductible then 40%
Outpatient Surgery 	Deductible then 20%	Deductible then 40%
In Patient Hospital Stay	Deductible then 20%	Deductible then 40%
<b>RETAIL PHARMACY</b>		
Tier 1 & 2 	Deductible then 20%	Deductible then 20%
Tier 3	Deductible then 30%	Deductible then 30%
Specialty	Refer to PaydHealth guidelines	Refer to PaydHealth guidelines
<b>MAIL ORDER PHARMACY</b>		
Tier 1, 2, & 3	2X cost of 30-day supply	Deductible then 40%
Specialty	Specialty limited to 30-day supply	Specialty limited to 30-day supply

Tobacco Cessation 



## Be an Informed Consumer and Save Your Money

### Summary Guide for Where to Go When Medical Care is Needed

If you need medical attention, but it is not life threatening, look into the most cost-effective treatment facilities that can provide you with the care you need when using your medical plan.

The below table shows the average cost of care, not necessarily the cost you will pay. To know your approximate cost, please see the medical table on the previous page.

TREATMENT TYPE	POSSIBLE NEEDS FOR CARE		AVERAGE COST OF CARE
Nurse Line	<ul style="list-style-type: none"> <li>Choosing where to get medical care</li> <li>Health and wellness help</li> <li>Answers to questions about medicines</li> </ul>		\$0
Telemedicine / Virtual Visit	<ul style="list-style-type: none"> <li>Cold &amp; Flu</li> <li>Bronchitis</li> <li>Allergies</li> <li>Pink Eye</li> </ul>	<ul style="list-style-type: none"> <li>Skin Rash</li> <li>Moles/Warts</li> <li>Urinary Tract Infection</li> <li>Acne</li> </ul>	\$40
Convenience Care (Walk-in clinic in a retail setting)	<ul style="list-style-type: none"> <li>Flu Shot</li> <li>Skin rash</li> <li>Infections (skin, eye, ear/nose/throat)</li> <li>Respiratory (cough, pneumonia, asthma)</li> </ul>	<ul style="list-style-type: none"> <li>Stomach (vomiting, diarrhea)</li> <li>Minor Injuries (burns, stitches, sprains, small fractures)</li> <li>Earache</li> </ul>	\$65
Primary Care Physician	<ul style="list-style-type: none"> <li>Back pain</li> <li>Infections (skin, eye, ear/nose/throat)</li> </ul>	<ul style="list-style-type: none"> <li>Stomach (vomiting, diarrhea)</li> <li>Respiratory (cough, pneumonia, asthma)</li> </ul>	\$120
Urgent Care	<ul style="list-style-type: none"> <li>Back pain</li> <li>Infections (skin, eye, ear/nose/throat)</li> <li>Respiratory (cough, pneumonia, asthma)</li> </ul>	<ul style="list-style-type: none"> <li>Stomach (vomiting, diarrhea)</li> <li>Minor injuries (burns, stitches, sprains, small fractures)</li> </ul>	\$190
Emergency Room	<ul style="list-style-type: none"> <li>Chest pain</li> <li>Shortness of breath</li> <li>Severe asthma attack</li> </ul>	<ul style="list-style-type: none"> <li>Major burns</li> <li>Severe injuries</li> <li>Kidney stones</li> </ul>	\$1,700



## Health Savings Account (HSA)

HSAs work in combination with an HSA-compatible health plan, also known as a High Deductible Health Plan (HDHP). The HSA allows you to contribute funds on a pre-tax basis, which you may use to pay for eligible medical, prescription, dental, or vision expenses. Although this is a pre-tax election, the qualifying event rules do not apply. You are able to make changes to your HSA contribution throughout the year. Please see HR for details.

### 2021 Annual Contribution Limits

The IRS sets limits for maximum contribution into an HSA. This is the total amount that may be deposited into your HSA account and must be inclusive of the company's contribution.

**Single Plan: \$3,600 | Family Plan: \$7,200 | Catch-Up Contribution (age 55 or older): \$1,000 in addition to the limits above**

### Bank Selection

The Company has selected BMO Harris Bank as the HSA provider. Once you set up an account, you can begin using these dollars.

### Funds Roll Over Annually

There is no "use it or lose it" rule. If you don't use the funds, you are able to save them for next year's eligible out-of-pocket expenses.

### Tax Advantages

An HSA provides you triple tax savings: tax deductions when you contribute to your account; tax-free earnings through investment; and tax-free withdrawals for qualified medical, prescription, dental, or vision expenses.

If you are or become Medicare eligible, please consult your tax advisor before contributing to an HSA.

### You Own the Account

Even if your HSA-compatible coverage ends, you can still use your HSA funds tax-free for eligible out-of-pocket expenses.

### Long-term Investment Opportunities

You can invest your HSA dollars through an investment partner, who offers stocks, bonds and mutual funds.

*Note: Investment accounts are not FDIC insured, may lose value and are not a deposit or other obligation of, or guarantee by the bank. All HSAs are FDIC insured.*

### You're in Charge

You choose when to use your HSA or pay out-of-pocket.

An eligible medical expense is an expense that pays for healthcare services, equipment or medications as described in IRS Publication 502. In general, your HSA can be used for:

- Expenses applied to your health plan deductible, co-pays, co-insurance, etc.
- Dental and vision care services
- Prescription drugs and medicines
- Certain medical equipment

*(A list of Qualified Medical Expenses can be found in IRS Publication 502:*

<http://www.irs.gov/pub/irs-pdf/p502.pdf>.)

You may not participate in the Full Flexible Spending Account Plan for Medical if you are participating in a HSA. However, you can still participate in the Flexible Spending Plan for Dependent Care or the Limited Flexible Spending Account Plan.



## Flexible Spending Account Plan (FSA)


### Full Flexible Spending Account

This account reimburses you for healthcare expenses you incur that are not covered by insurance. You set aside money, tax-free, through regular payroll deductions. During the year, you can be reimbursed directly from your account for qualified healthcare services provided they are not covered by insurance.

Examples Include: Deductibles, Copayments, Coinsurance, Dental Fillings, Dental Crowns, Orthodontic Care, Lasik Vision Correction, Contacts, Glasses

You are allowed to roll over up to a \$550 balance into the following year. Any amount over \$550 will be forfeited. Healthcare services may also include dental, vision and hearing.

Grace Period & Run-out: Claims MUST be submitted and received by DBS by March 31, 2021.

For more information on how pre-taxing works, please watch this video for an explanation. 

You **cannot** use this program if you have an HSA Health Plan.


***The team member maximum contribution is \$2,750.***

### Dependent Care Spending Account

This account reimburses you for dependent care/daycare expenses for eligible children and adults. You can set aside part of your income to pay for these expenses on a tax-free basis, through regular payroll deductions.

Any money that is not used during the covered period will be forfeited. Qualified expenses for reimbursement include: adult and child daycare centers, preschool, and before/after school care.

To qualify, your dependents must be:

- A child under the age of 13
- A child, spouse, or other dependent who is physically or mentally incapable of self-care and spends at least eight hours a day in your household
- For more information on how pre-taxing works, please watch this video for an explanation. 

You **can** use this program if you have an HSA Health Plan.

***The annual family maximum is \$5,000.***

### Limited Flexible Spending Account

This account reimburses you for dental or vision expenses you incur that are not covered by insurance. You set aside money, tax-free, through regular payroll deductions. During the year, you can be reimbursed directly from your account for qualified dental or vision services provided they are not covered by insurance.

Examples Include: Dental Fillings, Dental Crowns, Orthodontic Care, Lasik Vision Correction, Contacts, Glasses

You are allowed to roll over up to a \$550 balance into the following year. Any amount over \$550 will be forfeited.

Grace Period & Run-out: Claims MUST be submitted and received by DBS by March 31, 2021.

You **can** use this program if you have an HSA Health Plan.

***The team member maximum contribution is \$2,750.***



## Dental Plan Option

		<b>Delta Dental</b>	
		<b>In Network PPO</b>	<b>Out of Network* Premier</b>
<b>DEDUCTIBLE</b>			
Single		\$25	\$50
Family		\$50	\$100
Type		Embedded	
<b>ANNUAL MAX</b>			
		\$1,000	
		Preventive Services do not track toward the annual maximum	
<b>PREVENTIVE SERVICES</b>			
Oral Exam		Covered 100%	Covered 70%
Bitewing X-Ray		Covered 100%	Covered 70%
Full Mouth X-Ray		Covered 100%	Covered 70%
Cleaning/Scaling		Covered 100%	Covered 70%
Fluoride (to age 19)		Covered 100%	Covered 70%
Sealants (to age 19)		Covered 100%	Covered 70%
<b>BASIC SERVICES</b>			
Simple Extraction		Deductible then 10%	Deductible then 30%
Filling		Deductible then 10%	Deductible then 30%
<b>MAJOR SERVICES</b>			
Oral Surgery		Deductible then 10%	Deductible then 30%
Endodontics /Root Canals		Deductible then 10%	Deductible then 30%
Periodontics		Deductible then 10%	Deductible then 30%
Crowns		Deductible then 30%	Deductible then 50%
Dentures		Deductible then 30%	Deductible then 50%
Denture Repair		Deductible then 10%	Deductible then 30%
Bridgework		Deductible then 30%	Deductible then 50%
Implant Services		Deductible then 30%	Deductible then 50%
<b>ORTHODONTIA</b>			
Benefits Paid at		Covered 50%	--
Lifetime Max (to age 26)		\$1,500	--
Adult Ortho		Not Covered	--
<b>WAITING PERIOD</b>			
		No waiting periods	

\*Negotiated costs do not apply to services done by out of network dentists. Member will be responsible for any additional cost.



## Vision Plan Option

		<b>Delta Vision</b>	
		<b>In Network</b>	<b>Out of Network</b>
<b>FREQUENCY</b>			
Exam		Covered once every 12 months	
Lenses		Covered once every 12 months	
Contact Lenses		Covered once every 12 months in lieu of traditional lenses	
Frames		Covered once every 12 months	
Lasik/PRK		Benefit in lieu of prescription eyewear	
<b>EXAMINATION</b>			
Exam		\$10 Copay	Up to \$35 allowance
<b>LENSES</b>			
Single Vision		\$10 Copay	Up to \$25 allowance
Bifocal		\$10 Copay	Up to \$40 allowance
Trifocal		\$10 Copay	Up to \$55 allowance
Standard Polycarbonate		\$40 Copay	--
Standard Progressive		\$75 Copay	--
<b>CONTACT LENSES</b>			
Contact Lens Fit & Follow-Up		Standard: Covered 100% Premium: \$55 allowance and 10% discount off retail	Up to \$40 allowance
Conventional		Up to \$150 allowance, then 15% off balance	Up to \$120 allowance
Disposable		Up to \$150 allowance	Up to \$120 allowance
Medically Necessary		Covered 100%	Up to \$200 allowance
<b>FRAMES</b>			
		Up to \$150 allowance, then 20% off balance	Up to \$75 allowance
<b>LASIK</b>			
		15% off retail price or 5% off promotional price	--

Benefits plan runs on a rolling calendar year. Benefits cannot be used until the date of purchase the following year.



## Life and Disability Insurance Plans

### Sun Life

#### Basic Life & AD&D

Your employer pays this benefit for you

- \$25,000 Life Insurance Policy

### Sun Life

#### Supplemental Life & AD&D

Flexible plan allows you to choose the amount of life insurance appropriate for you and your family

- Coverage up to \$180,000 Guarantee Issue available to the Team Member
  - Maximum of \$500,000
- Coverage up to \$50,000 Guarantee Issue available for Spouse
  - Maximum of \$100,000
- Coverage up to \$10,000 Guarantee Issue available to Children

### Sun Life

#### Short Term Disability

Covers disabilities caused by non-occupational injuries/illnesses and maternity

Your employer pays this benefit for you

- Your benefit plan is 60% to a weekly maximum of \$550
- Injury benefits begin on the 8th consecutive day
- Sickness benefits begin on the 8th consecutive day of disability
- Benefits may continue for up to 12 weeks

### Sun Life

#### Long Term Disability

Coordinates with Short Term Disability plan to ensure no gap in coverage

Your employer pays this benefit for you

- Your benefit plan is 60% to a monthly maximum of \$5,000 after 90 days of disability
- Duration up to 3 Years

## Voluntary Accident Insurance Plan

The accident plan pays you cash to help with out of pocket medical and non-medical expenses if you or a family member seeks medical attention for a covered accident.

See Human Resources for plan brochure and premium information.

## Voluntary Critical Illness Plan

The critical illness plan pays a lump sum benefit to you if you or a family member is diagnosed with a covered condition.

See Human Resources for plan brochure and premium information.

## Voluntary Hospital Benefits

The hospital plan pays a lump sum cash benefit to you, if you or a family member is hospitalized as an inpatient due to accident, sickness, or pregnancy.

See Human Resources for plan brochure and premium information.

## Employee Assistance Program

The Employee Assistance Program (EAP) is offered to all team members and immediate family members or anyone living in their home. It is a completely confidential counseling program that supports you through short-term counseling issues such as marital and family concerns, depression, substance abuse, grief and loss, financial entanglements, work-related problems, and other personal stressors in your daily life. This benefit offers up to 6 in person sessions per issue with a master's level counselor; please utilize by calling the number on the back of your ID card.

<b>EMOTIONAL / MENTAL HEALTH</b>	<b>FAMILY / MARITAL</b>
<ul style="list-style-type: none"><li>• Emotional/Mental Health</li><li>• Lifestyle Transitions</li><li>• Stress</li><li>• Communication</li><li>• Grief and Loss</li><li>• Anger Management</li></ul>	<ul style="list-style-type: none"><li>• Relationship</li><li>• Divorce</li><li>• Child/Parent Conflict</li><li>• Childcare</li><li>• Eldercare</li><li>• Domestic Abuse</li></ul>
<b>WORK-RELATED ISSUES</b>	<b>SUBSTANCE ABUSE / ADDICTIVE BEHAVIOR</b>
<ul style="list-style-type: none"><li>• Jobsite Conflicts</li><li>• Sexual Harassment</li><li>• Pre-Retirement Concerns</li></ul>	<ul style="list-style-type: none"><li>• Problem Drinking</li><li>• Illegal Drug Use</li><li>• Gambling</li></ul>